NOTICE TO BASE YEAR EMPLOYER

EMPLOYMENT SECURITY DEPARTMENT

Your future tax rate(s) may be effected by benefits paid to the individuals listed.

Date Mailed 9-13-2005

JILL INC.
1234 5th ST
ANYWHERE, WA 99505

Important Benefit-Related Notice

ES Reference No. 987564-00

Unified Bus. Ident. 600-500-400-00

RELIEF OF BENEFIT CHARGES — You may be eligible for relief of charges to your experience rating if separation from employment for any listed individual was: (1) a voluntary quit for reasons not attributed to the employer, (2) a discharge for misconduct connected with the work; (3) a direct result of a catastrophe such as fire, flood or other natural disaster; or (4) if the individual continues to be employed by you on a regular, permanent, part-time basis, and if that individual was concurrently employed and subsequently separated from one or more other base year employers.

If you think you qualify for relief of charges, mail or fax a written request to the address or fax number shown below. It must be received or postmarked within 30 days of the date your first notice was mailed. See attached instructions.

Benefit eligibility determined by Unemployment Claims TeleCenter.

Important: The listed individual(s) have applied for unemployment insurance benefits.

(The enclosed flyer also explains items 1 through 8)

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CLAIMANT'S NAME AND SOCIAL SECURITY NUMBER	2. TELECENTER NUMBER & EFFECTIVE DATE	3. CHARGED WBA MBP	4. 1st & LAST BASE YEAR QUARTERS	5. HOURS AND WAGES REPORTED BY YOUR FIRM	6. TOTAL REPORTED BY ALL EMPLOYERS	7. YOUR % OF BASE YEAR WAGES	8. CODE
CLAIMANT, JENNIFE	999	496	2/04	1 / 20	36,700.00	100	
		1		1,480	36,700.00	100	
123-45-6789	9/11/05	12,23	3 1/05	36,700.00			
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If anyone listed on this form continues to work for you without a reduction in hours, and you suspect identity theft, please contact the department immediately at (360) 902-9670.

Employment Security Department Experience Rating Unit P.O. Box 9046 Olympia, WA 98507-9046 (360) 902-9670 FAX (360) 902-9202 If the above information is incorrect or if the individual(s) was not in your employ, please write to the address shown at left as soon as possible.

If you wish to request relief of charges, clearly state that in your request. Please include dates and details of the separation from employment. If the individual is working part time, include current work schedule (times and hours per week).

Please include your ES Reference number and applicant's name and social security number on your correspondence.

Reading The Data 4. 1st and Last BASE YEAR 2. TELECENTER 3. CHARGED 5. HOURS AND WAGES 1. CLAIMANT'S NAME AND SOCIAL SECURITY NUMBER 6. TOTAL REPORTED BY ALL EMPLOYERS 7. YOUR % OF BASE YEAR WAGES NUMBER & WRA REPORTED BY 8. CODES EFFECTIVE DATE MBP QUARTERS YOUR FIRM

- 1. Claimant's Name and SSN:
 If you do not recognize a name, please check the social security number. Inform the department if you reported wages for a different person under the same number. If possible, please verify your employee's SSN. Consider maiden and hyphenated name variations.
- 2. TeleCenter Number and Effective Date: The number of the TeleCenter taking the claim and the claim effective date, which is the Sunday of the week the individual applied for benefits. Benefits may be claimed for one year after applying.
- 3. WBA is the claimant's
 Weekly Benefit Amount. The
 WBA is used to calculate
 charges to your experience
 rating account. MBP is the
 Maximum Benefits Payable
 on the claimant's regular
 claim. It is also used to
 calculate charges to your
 experience rating account.
- 4. Base Year Quarters: The four quarters used to establish the claim. If quarters are shown as 2/04 through 1/05, the base year quarters are the 2nd, 3rd and 4th quarters of 2004 and the 1st quarter of 2005. A base year is the first four of the last five completed quarters prior to applying for benefits. If the individual can not qualify with those quarters, they may use the last four completed quarters. Quarters begin on the first Sunday of January, April, July, and October.

- 5. Hours and Wages Reported by Your Firm: The total hours worked and gross wages paid that you reported for the quarters indicated.
- 6. Total Reported by All Employers: Total wages reported by all the claimant's base year employers.
- 7. Your % of Base Year
 Wages: Your percentage of
 the claimant's total gross base
 year earnings. If the
 percentage shown is 0.00, the
 benefits are being charged to
 the separating employer and
 your account will not be
 impacted.

8. Codes:

- (1)=Your firm did not report "hours worked" for all or part of the base year so we compute hours based on the current state minimum wage. You cannot appeal this computation. However, if you submit another report showing the correct number of hours worked, it may change whether the claim is valid. You can be penalized for failure to report hours. (To establish a valid claim, a claimant needs 680 hours of base year employment.)
- (2)=The claimant's base year wage record was revised. This may have changed the claimant's eligibility for benefits or your percentage of their base year earnings.

- (3)=Marginally attached to the labor market (MLFA). This is no longer used on new claims.
- (4)=Temporary Total
 Disability. The base year
 may include work
 performed up to six years
 ago.
- (5)=Relief of charges has been granted. Your experience rating account will not be charged for these benefits. No further action is needed.
- (6)=Claimant has filed for unemployment benefits in another state and the wages have been transferred to the state indicated.
- (7)=Claimant has applied for extended benefits. The federal government and state each pay 50% of these benefits. Reimbursable employers, taxable local governments, political subdivisions, and tribal employers must pay their percentage of the state's share.
- (8)=Claimant has applied for Training Benefits. Effective July 7, 2002, employers are liable for their percentage of training benefits paid.